SOUTH SHORE MANOR

1915 EAST TRIPOL	I AVENUE
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ST FRANCIS	53235	Phone: (414) 483-361	L	Ownership:	Corporation
Operated from	1/1 To 12/3	Days of Operation	365	Highest Level License:	Skilled
Operate in Co	njunction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Bed	s Set Up and St	caffed (12/31/05):	34	Title 18 (Medicare) Certified?	Yes
Total License	d Bed Capacity	(12/31/05):	34	Title 19 (Medicaid) Certified?	Yes
Number of Res	idents on 12/33	L/05:	30	Average Daily Census:	32

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)	%			
Primary Diagnosis	8	 Age Groups 	*	 Less Than 1 Year 1 - 4 Years	40.0
Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	20.0
Mental Illness (Org./Psy)	13.3	65 - 74	3.3		
Mental Illness (Other)	10.0	75 - 84	33.3		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	40.0		
Para-, Quadra-, Hemiplegic	0.0	95 & Over	23.3	Full-Time Equivalent	
Cancer	0.0			Nursing Staff per 100 Resid	lents
Fractures	13.3		100.0	(12/31/05)	
Cardiovascular	33.3	65 & Over	100.0		
Cerebrovascular	10.0			RNs	8.5
Diabetes	6.7	Gender	8	LPNs	16.2
Respiratory	3.3			Nursing Assistants,	
Other Medical Conditions	10.0	Male	33.3	Aides, & Orderlies	40.3
		Female	66.7	İ	
	100.0			j	
		İ	100.0		

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	2		Family Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	2	10.0	141	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	6.7
Skilled Care	5	100.0	412	18	90.0	130	0	0.0	0	3	100.0	211	2	100.0	130	0	0.0	0	28	93.3
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		20	100.0		0	0.0		3	100.0		2	100.0		0	0.0		30	100.0

SOUTH SHOKE MANOK

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period					 % Needing		Total
ercent Admissions from:		Activities of	8	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	4.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	3.3		70.0	26.7	30
Other Nursing Homes	10.6	Dressing	3.3		70.0	26.7	30
Acute Care Hospitals	85.1	Transferring	13.3		60.0	26.7	30
Psych. HospMR/DD Facilities	0.0	Toilet Use	13.3		60.0	26.7	30
Rehabilitation Hospitals	0.0	Eating	46.7		36.7	16.7	30
Other Locations	0.0	********	******	*****	******	******	*****
otal Number of Admissions	47	Continence		%	Special Treatmen	ts	%
ercent Discharges To:		Indwelling Or Extern	nal Catheter	3.3	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	6.0	Occ/Freq. Incontiner	nt of Bladder	60.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	20.0	Occ/Freq. Incontiner	nt of Bowel	50.0	Receiving Suct	ioning	0.0
Other Nursing Homes	4.0				Receiving Osto	my Care	3.3
Acute Care Hospitals	24.0	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	36.7
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	38.0	With Pressure Sores		0.0	Have Advance D	irectives	100.0
otal Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	50				Receiving Psyc	hoactive Drugs	0.0

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	Und	er 50	Ski	lled	Al	1
	Facility	Peer	Peer Group		Group	Peer	Group	Faci	lities
	%	% Ratio		%	% Ratio		Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.1	85.1	1.11	79.0	1.19	86.5	1.09	88.1	1.07
				79.0	1.19	84.9	1.14	77.6	1.07
Current Residents from In-County	96.7	82.7	1.17						
Admissions from In-County, Still Residing	23.4	15.8	1.49	11.3	2.07	17.5	1.34	18.1	1.29
Admissions/Average Daily Census	146.9	247.5	0.59	343.8	0.43	200.9	0.73	162.3	0.91
Discharges/Average Daily Census	156.3	250.7	0.62	343.2	0.46	204.0	0.77	165.1	0.95
Discharges To Private Residence/Average Daily Census	40.6	109.5	0.37	174.7	0.23	86.7	0.47	74.8	0.54
Residents Receiving Skilled Care	100	96.3	1.04	93.6	1.07	96.9	1.03	92.1	1.09
Residents Aged 65 and Older	100	84.6	1.18	87.9	1.14	90.9	1.10	88.4	1.13
Title 19 (Medicaid) Funded Residents	66.7	59.3	1.12	43.3	1.54	55.0	1.21	65.3	1.02
Private Pay Funded Residents	10.0	13.3	0.75	33.1	0.30	22.5	0.44	20.2	0.50
Developmentally Disabled Residents	0.0	1.9	0.00	0.0	0.50	1.1	0.00	5.0	0.00
Mentally Ill Residents	23.3	29.4	0.79	26.1	0.89	31.0	0.75	32.9	0.71
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General Medical Service Residents	10.0	26.5	0.38	24.8	0.40	26.5	0.38	22.8	0.44
Impaired ADL (Mean)	55.3	53.7	1.03	54.1	1.02	52.3	1.06	49.2	1.12
Psychological Problems	0.0	53.4	0.00	52.9	0.00	58.3	0.00	58.5	0.00
Nursing Care Required (Mean)	5.0	7.7	0.65	8.8	0.57	7.3	0.69	7.4	0.67